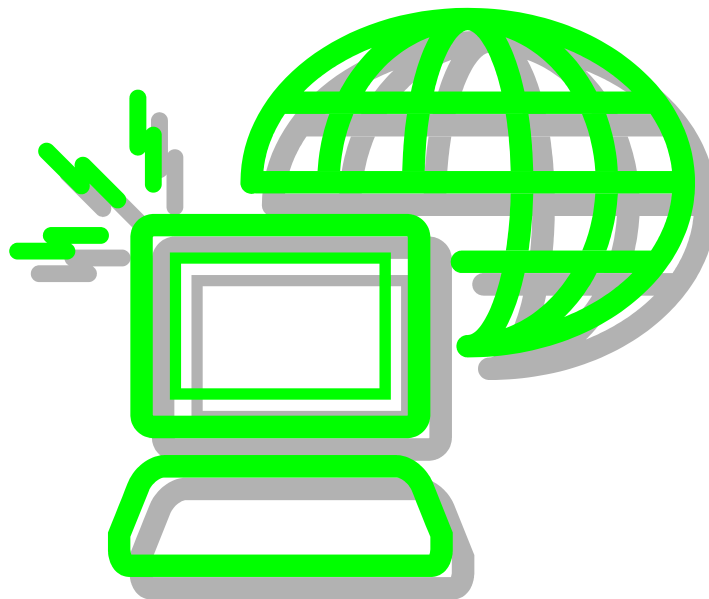




# **Nursing Home Internet License Renewal Provider Manual**



Health Standards Section  
September 2002

## I. Introduction

Currently Louisiana nursing home providers receive a renewal letter with application, licensing renewal fee due, and instructions to include other documentation - State Fire Marshal Report & State Building Sanitation Inspection Report (LHS 48) – 60 days prior to the expiration of their state license.

Providers will continue to receive a renewal letter, fee due and instructions to include other documents, however, the license application will be completed online via the Internet. (See page 11)

The license renewal form may be viewed on the Internet all year. The renewal letter is your notification that modifications may be made during the 60 day period preceding the license expiration date.

## II. Requirements

- A. Providers will need a computer capable of connecting to the Internet, a State ID Number, and two passwords.
- B. **State ID number** is a unique number issued by Health Standards Section ( HSS) to each nursing home. This number does not change. It is associated with the geographical location of the facility.
- C. HSS will issue two passwords to each facility. The first password is known as the **“authorization” password**. The second password is the **“clerk” password**.

HSS will send a certified letter with passwords to the facility administrator **The facility administrator is responsible for maintaining confidentiality of passwords.** (See page 10)

The **authorization password** is the administrator’s password. Please notify HSS when there is a change in the administrator per current policy. HSS will issue a new administrator password for the new administrator.

After the information is successfully entered into the License Renewal Form via the Internet the administrator name and authorization password are required to approve the license information. **Only the authorization password will approve information entered in the online license renewal form.**

The administrator may share the **clerk password** with a designated facility staff member. When a staff member logs into the License Renewal System using the “clerk” password information may be entered or modified on the form, but not approved. We will discuss the approval procedure later in this manual. It is at the administrator’s discretion to notify HSS of changes in personnel with access to the clerical password. If he/she desires a new clerk password please notify HSS in writing.

### III. Procedure

#### A. Login

1. Connect to the Internet
2. Enter the Internet Address or Location provided by HSS in your browser software (Internet Explorer or Netscape)  
<http://www.dhh.louisiana.gov/offices/links.asp?ID=112>
3. Links – left click arrow to right of “Jump to Section”, select “Nursing Home”
4. Left click on “NH Online License Renewal”
5. The DHH License Renewal System Welcome page will open.



Welcome to the DHH License Renewal System.

**I.**  
Enter the requested  
information below.

State ID Number	Password
<input type="text"/>	<input type="text"/>

**II.**

Click [here](#) for information on contacting DHH License Renewal staff.

Disclaimer - The information presented herein was accurate at the time of its posting. Subsequent changes submitted to DDH through other means may not be reflected.

4. Enter the assigned State ID Number and password in appropriate fields. Left click on “Login”. (May enter either the clerk or authorization password. State ID remains same for each password.)

B. Main Menu

Main Menu Page will open. Select desired function by left clicking on desired hyperlinked (underlined) words.



**Main Menu**

**Options**

[View Current License Info](#)

[Modify License Info](#)

[Review/Approve License Info](#)

[Welcome page](#)

1. **View Current License Info** displays current license information found in HSS database.
2. **Modify License Info** – left click here to make changes (modify) to the License Renewal Form. The following items are non-modifiable: facility name and geographical address. After entering facility information please left click on “submit this form”.

Information successfully entered.



**Information Complete**

**License Renewal Information  
for facility NH0002495  
has been completed successfully !**

**8/30/2002 11:12:42**

( final approval by facility administrator is required )

[Main page](#)

[Welcome page](#)

3. **Review/Approve License Info** – Return to the Main Menu by left clicking on Main Page. Left click Review/Approve License Info. Login with Authorization password to view entered information. (See page 2)



**Facility Review/Approval**

**Important !!!**

**Please review this information for accuracy.**

**The license fee for this facility will be \$600.00**

Facility Name:	Northeast LA War Veterans Home
Geographical Address:	6700 Hwy. 165 North
City, State, Zip:	Monroe, LA 71211
Telephone Number:	318-362-4206
Fax:	318-362-4241
E-mail Address:	
Mailing Address:	6700 Hwy. 165 North
City, State, Zip:	Monroe, LA 71211
Administrator:	Mr. James Houston
Director of Nursing:	Henre' Morehead
Type of ownership:	Government: State

4. Administrator approves information by entering the Authorized Representative Name and Authorized password. Authorized Representative Name is administrator's name. Authorized password is the administrator's password.

**ATTESTATION:** I understand that if the agency license is granted, it is granted for one year and shall become void upon change of ownership. It is my responsibility to notify the Department of Health and Hospitals, Bureau of Health Services Financing, Health Standards Section in writing of any changes in the information provided in this application. I certify that the information herein is true, correct and supportable by documentation to the best of my knowledge. Documentation of the information above is available upon request by the Department of Health and Hospitals.

Authorized Representative Name      Authorization password

Click here to approve

Left click button to approve information viewed.

5. Approval Complete



Approval Complete

**License Renewal Information  
for your facility  
NH0002495  
has been approved successfully !  
8/30/2002 12:0:9**

[Click here for a printable invoice to include with your payment.](#)

[Main page](#) [Welcome page](#)

6. Print Invoice by either right clicking within the form and left click "Print" or Left click "File" in title bar of browser, select "Print".

### Department of Health and Hospitals

Licensing Fee  
P.O. Box 1666  
Baton Rouge, LA 70821

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### License Renewal Payment

Dear Sir,

Enclosed you will find a company check, cashier's check or money order for the sum of :  
\$ 600.00 .

Please apply these funds toward the license renewal fee for the following facility.

### **Northeast LA War Veterans Home**

6700 Hwy. 165 North  
Monroe, LA. 71211  
Phone: 318-362-4206  
Fax: 318-362-4241

Administrator: Mr. James Houston  
State Id: NH0002495

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7. To print a copy of the license renewal form return to the main menu by left clicking on **Main Page** located at the bottom of the License Renewal Payment Form. Select **Review/Approve License Info**. Select “Print” from the File menu located at the top left hand corner of your browser (Internet Explorer or Netscape) window.
- C. Fee Payment Instructions  
Mail following items to address on License Renewal Payment Form:
- License Renewal Payment Form
  - Licensing fee in the form of a certified check, company check or money order only made payable to Department of Health & Hospitals. Please write State ID number on check or money order.
- D. Mail following documents to Health Standards Section:
- State Health Building Sanitation Report (LHS 48)
  - State Fire Marshal Inspection Report

#### IV. License Renewal Form

- A. Section I – Facility Name & Geographical Address  
Information displayed in these two fields cannot be modified. Please notify Health Standards Section if information is incorrect.

**Note: Sections II – VIII will display information obtained from the HSS database. The provider may enter new information or modify information displayed in these fields.**

- B. Section II Mailing Address, Mail City, Mail State, & Mail zip  
\* Required - Information must be entered in each field.  
Mail State - Enter two letter state abbreviation
- C. Section III Administrator  
\*Required – Information must be entered in following fields:  
Title, first name, last name (middle initial not required)  
Director of Nursing – not required, but recommended
- D. Section IV Type of Ownership  
Select one from following list:
- Non-Profit – Individual/Sole Proprietor  
Non-Profit – Corporation  
Non-Profit - Partnership  
Non-Profit – Religious Affiliation  
Non-Profit – Unincorporated Association  
Non-Profit – Other
- For-Profit – Individual/Sole Proprietor

E. Section V Entity/Corporation  
Please verify information for accuracy.

F. Section VI Facility Owners  
Please list person(s) and/or organizations having direct or indirect ownership.  
Example:  
1. John S Smith 2. Liberty Fellowship Org.  
3. Archdiocese of New Orleans 4. Jane Doe

G. Section VII Change of Ownership  
Has there been change of ownership or control within the last year?  
Place mouse pointer over appropriate circle and left click to select.  
If yes is selected enter the effective date (Month, Day and Year) of change of ownership.

H. Section VIII. Operational Information

## V. HSS Approval Procedure

1. HSS generates a report that contains old and newly submitted information.
2. If there are no discrepancies the information is “Approved” by HSS and the Renewal Form remains “locked”. A locked record may only be viewed. Records are locked after the administrator approves the information and remains locked until either HSS “unlocks” it because of discrepancies, or the 60 day period prior to the expiration date arrives.

B. “Unlock” Renewal Form

1. If HSS discovers a discrepancy between the information entered by the facility and the information in the HSS database, the record is “unlocked” and the facility is notified of the problem. The facility will make appropriate corrections to the renewal form, approve and resubmit.

C. Re-locking the Renewal Form

The license renewal form is re-locked when the administrator enters the authorization name, authorization password and left clicks the “click here to approve” button.

HSS will review the record and if no discrepancies are found the record will remain locked until the facility receives the renewal letter 60 days prior to the new license expiration date.

# APPENDIX

## Appendix A – Confidential Memo (Password Letter)

### Confidential Memo

Date:

To: Administrator  
Nursing Home Name  
Address  
City, LA zip

From: Health Standards Section  
P.O. Box 3767  
Baton Rouge, LA 70821-3767

Subject: State License Internet Renewal Passwords

This memo is to notify you of your Login ID and passwords for renewing your State License via the Internet. These passwords allow you and other designated staff members to access the information for your facility.

The clerk password will allow staff members to view and/or update the license information for your facility. The administrator may request a new clerk password at any time. Only one clerk password will be issued per facility.

**The authorization password is for the facility administrator's use only.** It can be used to view and/or update your facility's license information. In addition it is required for final approval of your facility's license information. Please notify Health Standards Section when there is a change in the administrator per policy. A new authorization password will be issued for the new administrator.

State ID Number: NH000----

Clerk password: xxxxxx

Authorization password : xxxxxx

Please keep these passwords confidential. If you feel that your password(s) has been compromised please contact Kay Morris at (225)342-0114.

State License Renewal address –

**<http://www.dhh.louisiana.gov/offices/apps/apps-112/nhlr/library/HSWelcome.asp?ID=112>**

SEPTEMBER 9, 2002

**STATE ID# NHOO09999**

ABC Nursing Home  
1318 Mockingbird Lane  
Baton Rouge, LA 70800

Louisiana Revised Statutes require that a completed application and fee for license be submitted to this office before a renewal license can be issued. Effective September 15, 2002 renewal applications are to be completed via the Internet. Please see attached instructions. If you do not have access to the Internet please call 225-342-0114.

Louisiana Revised Statutes require that the licensing fee in the form of a certified check, company check or money order only, made payable to the Department of Health and Hospitals at the **DHH LICENSING FEE** address below:

**DHH LICENSING FEE  
P. O. Box 1666  
Baton Rouge, LA 70821**

To ensure proper crediting of your account, **please use the STATE ID# assigned to your facility** (printed above the facility name) and submit your renewal fee along with a copy of the License Renewal Form printed from the Internet.

Please mail **copies of the current State Fire Marshal and State Health Building Sanitation (LHS 48) inspection reports at least thirty (30) days** prior to the expiration date of your current license to Health Standards Section.

The licensing renewal fee for your facility is **\$850.00**. This fee is calculated on a **\$600.00** base fee plus 50 units (rooms or stations) at \$5.00 each. State law requires that funds be deposited within 24 hours of receipt. Please assist us in this process by returning this notice to assure prompt action.

Sincerely,

Lisa Deaton, RN, Manager  
Health Standards Section



Louisiana

Department of

Nursing Home License Renewal



(APPENDIX C)

### Current Information

This is the current information for facility **NHOO02495**.

<b>Facility Name:</b>	Northeast LA War Veterans Home
<b>Geographical Address:</b>	6700 Hwy. 165 North
<b>City, State, Zip:</b>	Monroe, LA 71203
<b>Telephone Number:</b>	318-362-4206
<b>Fax:</b>	318-362-4241
<b>E-mail Address:</b>	
<b>Mailing Address:</b>	6700 Hwy. 165 North
<b>City, State, Zip:</b>	Monroe, LA 71211
<b>Administrator:</b>	Mr. James Houston
<b>Director of Nursing:</b>	Henre' Morehead
<b>Type of ownership:</b>	Government : State
<b>Entity/Corporation Name:</b>	State of Louisiana
<b>Entity/Corp. Mailing Address:</b>	P. O. Box 94095 Capitol Station
<b>City, State, Zip:</b>	Baton Rouge, LA 70804-9095
<b>Telephone Number:</b>	
<b>Fax:</b>	
<b>Facility Owner 1:</b>	State Government
<b>Facility Owner 2:</b>	
<b>Facility Owner 3:</b>	
<b>Facility Owner 4:</b>	
<b>Change of ownership date:</b>	
<b>Number of Licensed Units (Rooms):</b>	78
<b>Number of Title 18 beds:</b>	0
<b>Number of Title 18/19 beds:</b>	0
<b>Number of Title 19 beds:</b>	0
<b>Number of Certified Beds:</b>	0
<b>Number of Licensed Beds:</b>	156

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## Department of Health & Hospitals

### Nursing Home License Renewal

#### Facility Review

The license fee for this facility will be \$600.00

**Facility Name:** Northeast LA War Veterans Home

**Geographical Address:** 6700 Hwy. 165 North

**City, State, Zip:** North Monroe, LA 71203

**Telephone Number:** 318-362-4206

**Fax:** 318-362-4241

**E-mail Address:**

**Mailing Address: City, State, Zip:**

**Administrator:** Mr. James Houston

**Director of Nursing:** Henre'Morehead

**Type of ownership:** Government : State

**Entity/Co rpo ration Name:** State of Louisiana

**Entity/Corp. Mailing Address:** P. O. Box 94095 Capitol Station

**City, State, Zip:** Baton Rouge, LA 70804-9095

**Telephone Number:**

**Fax:**

**1: Facility Owner** State Government

**2: Facility Owner**

**3: Facility Owner**

**4: Facility Owner**

**Change of ownership date:**

<b>Number of Licensed Units(Rooms):</b>	0
<b>Number of Title 18 beds:</b>	0
<b>Number of Title 18/19 beds:</b>	0
<b>Number of Title 19 beds:</b>	0
<b>Number of Certified Beds:</b>	0
<b>Number of Licensed Beds:</b>	156

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## **Appendix E Resources**

### **1. Health Standards Section**

500 Laurel Street  
Suite 100  
Baton Rouge, LA 70801

Mail:  
P.O. Box 3767  
Baton Rouge, LA 70821-3767

Long Term Care: 225-342-0114  
Fax: 225-342-5292

Health Standards Section Internet Home Page  
<http://www.dhh.louisiana.gov/offices/?ID=112>

### **2. HSS Webmaster**

Comments or problems with the Internet License Renewal Program may be emailed to: [hssmail@dhh.la.gov](mailto:hssmail@dhh.la.gov)

### **3. Internet License Renewal Form Address**

<http://www.dhh.louisiana.gov/offices/apps/apps-112/nhlr/library/HSWelcome.asp?ID=112>

### **4. DHH/Licensing Fee Address**

P.O. Box 1666  
Baton Rouge, LA 70821